

Attorney's Docket No. 294-199 PCT/US

PATENT

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: *(check one)*

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Original | <input checked="" type="checkbox"/> National Stage PCT |
| <input type="checkbox"/> Supplemental | <input type="checkbox"/> Divisional |
| <input type="checkbox"/> Design | <input type="checkbox"/> Continuation |
| | <input type="checkbox"/> Continuation-in-Part (CIP) |

INVENTORSHIP IDENTIFICATION

NOTE: *If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.*

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FILE, IN PARTICULAR ARCHIVE OR TRAVEL FILE

the specification of which: *(complete (a), (b) or (c))*

- (a) ☐ is attached hereto.
- (b) ☐ was filed on _____ as
☐ Serial No. _____ or
☐ Express Mail No. _____, as Serial No. not yet known
and was amended on _____. *(If applicable)*
- ✓ (c) ☒ was described and claimed in PCT International Application No. PCT/ NL03/00187
filed on 12-03-2003 and as amended under PCT Article 19 on _____. *(If any)*

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above, and that the filing of said specification, if heretofore filed, was authorized by me.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

CLAIM OF PRIORITY OF EARLIER FOREIGN APPLICATION(S) UNDER 35 U.S.C. §119(a)-(d)

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

(List prior foreign/PCT application(s) filed within 12 months (6 months for design) prior to this U.S. application.)

NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

COUNTRY (orPCT)	APPLICATION NO.	DATE OF FILING (Day/Month/Year)	PRIORITY CLAIMED UNDER 35 USC §119	
✓ NL	1020158	12-03-2002	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
✓ NL	1022485	24-01-2003	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) UNDER 35 U.S.C. §119(e)

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

(List prior U.S. provisional applications.)

PROVISIONAL APPLICATION NO.	FILING DATE (Day/Month/Year)

CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S) UNDER 35 U.S.C. 120

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in such prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

(List prior U.S. applications or PCT international applications designating the U.S. for benefit under 35 U.S.C. §120.)

U.S. APPLICATIONS		STATUS (Check One)		
U.S. SERIAL NO.	U.S. FILING DATE (Day/Month/Year)	Patented	Pending	Abandoned
0 /		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 /		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PCT APPLICATIONS DESIGNATING THE U.S.			STATUS (Check One)		
PCT APPLN. NO.	PCT FILING DATE (Day/Month/Year)	U.S. SERIAL NOS ASSIGNED (If any)	Patented	Pending	Abandoned
PCT/ NL03/00187	12-03-2003		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PCT/			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35 USC 119 PRIORITY CLAIM, IF ANY, FOR ABOVE LISTED U.S./PCT APPLICATIONS			
PRIORITY APPLICATION NO.	PRIORITY COUNTRY	FILING DATE (Day/Month/Year)	ISSUE DATE (Day/Month/Year)

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) at Customer Number 23869 to prosecute this application and transact all business in the Patent and Trademark Office in connection therewith.

PLEASE SEND CORRESPONDENCE TO:

Ronald J. Baron, Esq.
HOFFMANN & BARON, LLP
6900 Jericho Turnpike
Syosset, NY 11791

PLEASE DIRECT TELEPHONE CALLS TO:

(516) 822-3550

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

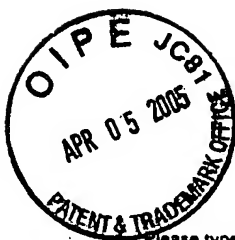
Full Name of Sole or First Inventor: Hoogland, Hendricus Antonius

Country of Citizenship: NL

Residence Address: Ganimesdesstraat 40, 1562 ZM KROMMENIE, The Netherlands NLX

Post Office Address: Ganimesdesstraat 40, 1562 ZM KROMMENIE, The Netherlands

Date: October 14, 2004 Inventor's signature [Signature]



JC03 Rec'd CT/PTO 05 APR 2005

#6

Please type a plus sign (+) inside this box →

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	10507401
Filing Date	9/13/04
First Named Inventor	Hoogland
Group Art Unit	
Examiner Name	
Attorney Docket Number	294-199 PCT/us

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: *Employment as Examiner at
PTO on 4/14/05*

- ☒ The correspondence address is NOT affected by this withdrawal.
- ☐ Change the correspondence address and direct all future correspondence to:

<input type="checkbox"/> Customer Number		CORRESPONDENCE ADDRESS		<input type="checkbox"/>		Place Customer Number Bar Code Label here	
OR							
<input type="checkbox"/> Firm or Individual Name							
Address							
Address							
City		State		ZIP			
Country							
Telephone		Fax					
This request is enclosed in triplicate.							
Name		Justin K. Holmes					
Signature		<i>Justin K. Holmes</i>					
Date		4/14/05					
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.							

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PATENTS ONLY

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To the Director of the United States Patent and Trademark Office: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
Hendricus Antonius Hoogland

Additional names(s) of conveying party(ies)

☐ Yes ☒ No

3. Nature of conveyance:

☒ Assignment☐ Merger☐ Security Agreement☐ Change of Name☐ Other _____Execution Date: **October 14, 2004**

2. Name and address of receiving party(ies):

Name: **Fountain Technologies B.V.**

Internal Address: _____

Street Address: **Rivium Quadrant 90****2909 LC Capelle A/D IJssel, The Netherlands**

City: _____ State: _____ ZIP: _____

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application number(s) or patent numbers(s):

If this document is being filed together with a new application, the execution date of the application is: _____

A. Patent Application No.(s)

10/507,401

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: **Ronald J. Baron, Esq.**Internal Address: **HOFFMANN & BARON, LLP**Street Address: **6900 Jericho Turnpike**City: **Syosset** State: **NY** ZIP: **11791**

6. Total number of applications and patents involved:

17. Total fee (37 CFR 3.41):.....\$ **40.00**☒ Enclosed - Any excess or insufficiency should be credited or debited to deposit account☐ Authorized to be charged to deposit account

8. Deposit account number:

08-2461

(Attach duplicate copy of this page if paying by deposit account)

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9. Statement and signature.

*To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.***Steven T. Zuschlag**

Name of Person Signing

Signature

2

Date

Total number of pages including cover sheet, attachments, and document:

Mail documents to be recorded with required cover sheet information to:

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Director of the United States Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450